

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

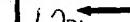
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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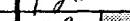
TOTAL IND.

1



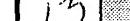
TOTAL DEP.

12



TOTAL CLAIMS

13



TOTAL IND.

1



TOTAL DEP.

12



TOTAL CLAIMS

13

